BUMEDINST 6220.12
BUMED-24
19 Apr 96

BUMED INSTRUCTION 6220.12

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: DISEASE ALERT REPORTS

Ref: (a) OPNAVINST 3100.6F
(b) MANMED arts. 2-17 and 22-17 through 22-21
(c) International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), DHHS Pub No. (PMS) 80-1260, USPHS/HCFA, 2nd Ed., 1980
(d) Case Definitions for Public Health Surveillance, Centers for Disease Control, MMWR Vol. 39, No. RR-13, 19 October 1990 (NOTAL)
(e) SECNAVINST 5216.5C

Encl: (1) Disease Alert Report Submission Requirements
(2) Reportable Communicable Diseases
(3) Disease Alert Report Format
(4) Military Preventive Medicine Addressees

1. Purpose. To issue instructions for preparing and submitting Disease Alert Reports (DARs).

2. Cancellation. NAVMEDCOMINST 6220.2A.

3. Scope. Applies to all ships, stations, and units of the Navy and Marine Corps staffed for providing inpatient or outpatient medical care.

4. Background

a. The primary goals of the DAR system are to:

(1) Provide disease control consultants rapid access to essential medical information to minimize the impact of communicable diseases on Navy and Marine Corps operations.

(2) Protect the health of military personnel and the communities in which they live and work.

b. A secondary goal is to document the distribution of selected diseases for epidemiological surveillance.

c. DARs report selected diseases or outbreaks of disease which affect operational readiness, present hazards to the military or civilian community, are internationally quarantinable, may generate inquiries to the Chief, Bureau of Medicine and Surgery (BUMED) or higher authority, or are unusual in presentation, outbreak potential, or treatment.

d. Timely reporting is a critical element in reducing the potential threat from communicable diseases. A successful communicable disease control program depends on early notification of suspected cases. Every report is important. Seemingly unrelated cases of disease occurring on different ships or facilities may be medically significant when viewed on a regional basis.

5. Action. Each commander, commanding officer, officer in charge, or master of a military sealift command (MSC) ship, is responsible for maintaining an effective communicable disease program in his or her command.

a. Commanders, commanding officers, officers in charge, and ship masters must submit DARs using the procedures in enclosure (1) when:

(1) Notified by their medical department representative that a reportable communicable disease is suspected or confirmed within the command. Enclosure (2) lists reportable conditions and establishes disease-specific reporting timespans.

(2) A DAR is considered necessary to ensure implementation of prompt preventive or containment measures. Submit an OPREP-3 NAVY BLUE message following reference (a), with an information copy to the area Navy environmental and preventive medicine unit (NAVENPVNTMEDU), Navy Environmental Health Center (NAVENVIRHLTHCEN), and MED-24 when a communicable disease might attract high-level Navy interest or affect operational readiness.

b. Medical Department personnel must prepare and submit DARs following enclosure (3). References (b) through (e) provide additional guidance for DAR submission.

6. NAVENVIRHLTHCEN and NAVENPVNTMEDU Responsibilities

a. NAVENVIRHLTHCEN is responsible for global disease surveillance and monitoring of communicable disease control

programs. NAVENVIRHLTHCEN systematically tabulates and analyzes DARs to examine servicewide Navy and Marine Corps disease trends and demographic parameters important in the epidemiology of reportable diseases.

b. NAVENPVNTMEDUs are responsible for communicable disease control. NAVENPVNTMEDUs conduct regional disease surveillance and assist in the reporting and control of communicable diseases. Enclosure (4) provides NAVENPVNTMEDU addresses and geographic areas of responsibility.

7. Report. The situational report prescribed in paragraph 5, Disease Alert Report, is assigned report control symbol MED 6220-3. This reporting requirement is approved by Chief, BUMED for 3 years from the date of this instruction.

HAROLD M. KOENIG

Order from:
Naval Inventory Control Point
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700 Robbins Avenue
Philadelphia PA 19111-5098

Stocked: 500 copies

DISEASE ALERT REPORT SUBMISSION REQUIREMENTS

1. Rationale for Communicable Disease Reporting

a. The public health importance of a communicable disease depends on the disease agent's pathogenicity and communicability, susceptibility of contacts, number of affected persons, and the degree of expected morbidity or mortality.

b. The purposes of a public health surveillance program are:

(1) The rapid employment of public health resources to assess and control factors which may have contributed to the occurrence of a communicable disease.

(2) To provide recommendations for future preventive measures.

(3) To estimate, through statistical means, the risk of acquiring communicable diseases.

c. Public health surveillance is particularly important in military populations where communicable disease outbreaks can have mission-degrading effects.

2. Action

a. Commanders, commanding officers, officers in charge of Navy and Marine Corps commands, and masters of military sealift command ships staffed for the delivery of inpatient or outpatient medical care must submit a DAR:

(1) For reportable conditions listed in enclosure (2) of this instruction.

(2) When notified of a significant communicable disease outbreak among the local civilian population which may impact on the health and readiness of military personnel.

(3) When military ships or aircraft are quarantined in international travel.

(4) When a suspected or confirmed outbreak of nosocomial infections occur from a single source; or when an outbreak of nosocomial infections results in serious morbidity or mortality.

(5) For communicable diseases in military settings which may impact on operational readiness.

(6) When requested by NAVENVIRHLTHCEN or the area

NAVENPVNTMEDU.

b. Initial DARs must be submitted by the command which has primary responsibility for the health of the affected individual. Upon patient transfer from an operational setting to a Navy medical facility (or other military medical facility with a Navy administrative liaison), a followup or final report must be submitted by the facility commander to provide patient status, final diagnosis, and any additional epidemiological information. If an initial DAR was not submitted on a patient, the receiving medical facility must file an initial or initial and final DAR. Navy administrative liaisons at nonnaval medical receiving facilities must provide the cognizant NAVENPVNTMEDU an initial or initial and final DAR when Navy and Marine Corps patients with reportable conditions are received at their facility.

3. Reporting Procedures

a. Authorized methods of reporting include:

(1) Naval message or standard naval correspondence following reference (e).

(2) Copy of State communicable disease reports with added case information as required by tab A to enclosure (3).

(3) Electronic transfer of the above correspondence, such as facsimile and e-mail.

(4) Software programs prescribed by the cognizant NAVENPVNTMEDU.

(5) Situations when timeliness is critical, direct telephone reporting with follow-on correspondence to the cognizant NAVENPVNTMEDU.

b. The primary action addressee on DARs is the cognizant NAVENPVNTMEDU. If a reporting ship or unit is homeported in the area of one NAVENPVNTMEDU, but deploys into the region of another, the DAR must be addressed to the NAVENPVNTMEDU responsible for the geographic area of deployment. Additional information addressees may include:

(1) The patient's parent command, if different than the report originator.

(2) Activity to which transfer is planned, and involved intermediaries, if patient is scheduled for medical evacuation.

(3) Local, State, or other Federal public health authorities as required.

(4) Members of the chain of command, if directed by type or area commander.

(5) Responsible preventive medicine component for members of Army, Air Force, and Coast Guard as provided in enclosure (4).

(6) NAVENVIRHLTHCEN for DARs requesting epidemiological assistance.

c. When disclosure of the diagnosis, clinical, or epidemiological information requires special handling, a letter report should be submitted as "Personal for" the commanding officer, officer in charge, or unit commander of each addressee. When a message report is required, or is deemed appropriate, the message must similarly specify "Personal for the Commanding Officer."

d. Routine DARs submitted by operational units normally should be sent unclassified. If the message is classified, as much information as possible should be designated unclassified. Include declassification instructions to allow for subsequent computer storage and epidemiological analysis.

e. All DARs must be identified by report control symbol MED 6220-3 in the subject line.

4. Disease Reporting for Family Members

a. DAR submission is no longer routinely required for communicable diseases occurring in health care beneficiaries other than active duty military or civilian mariners. Provide communicable disease reports to civilian public health authorities using the format prescribed by State or territorial regulations.

b. Because of variation in foreign public health capabilities, NAVENPVNTMEDUs may recommend DAR submission on family members accompanying active duty personnel assigned to foreign duty stations.

REPORTABLE COMMUNICABLE DISEASES

1. The following diagnoses must be reported by DAR. Reports also must be provided to civilian public health authorities per State and territorial regulations. Reporting is not necessarily limited to this list:

a. High interest diagnoses are communicable diseases which could have an immediate mission-degrading impact on Operating Forces or pose a significant risk of severe morbidity or mortality to an affected individual. Report suspected cases immediately via telephone, FAX, or priority message. Delayed reporting pending confirmation of cases is not permitted.

Diagnoses	ICD Codes[1]
Anthrax	ICD-9-022
Botulism	ICD-9-005
Cholera	ICD-9-001
Encephalitis, all	ICD-9-323 to 323.9
Hemorrhagic Fever, all	ICD-9-078
Hepatitis A[2]	ICD-9-070.1
Japanese Encephalitis	ICD-9-062.0
Malaria[3]	ICD-9-084.0 to 084.6
Meningococcal Infection	ICD-9-036.0 to 036.9
Meningitis, bacterial and other	ICD-9-320 to 322.9
Plague	ICD-9-020
Poliomyelitis	ICD-9-045
Pulmonary Tuberculosis (shipboard)	ICD-9-011.0 to 011.9
Rabies (human)	ICD-9-071
Yellow Fever	ICD-9-060

b. Outbreak Diagnoses. Among military personnel, a reportable outbreak is defined as a communicable condition with a suspected common source, or which occurs in one or more clusters among personnel in a particular workcenter or berthing compartment, or involving more than 10 percent of the crew.

(1) Submit group DARs for clusters of individually reportable diagnoses provided individual identifiers are maintained locally. Information on epidemiological findings and preventive measures can be combined, as shown in tab F to enclosure (3), provided they are the same for all cases.

(2) Report a suspected reportable outbreak occurring among military personnel as an initial DAR by priority message. In the interest of timeliness, shore activities and operational units in port are encouraged to make use of direct telephone reporting or FAX transmissions.

Diagnoses	ICD Codes[1]
Food poisoning, unspecified	ICD-9-005.9
Foodborne illness, salmonella	ICD-9-003.0
Foodborne illness, staphylococcus	ICD-9-005.0
Gastroenteritis, viral	ICD-9-008.8
Influenza	ICD-9-487
Pneumonia	ICD-9-480 to 486
Staphylococcal disease	
Streptococcal disease, group A	
Water-borne enteric pathogens	

c. Other Reportable Conditions

(1) Communicable diseases of military interest including many commonly reported endemic diseases of the Western Hemisphere and some tropical diseases which, if left unchecked, could have a mission-degrading effect on Operating Forces.

(2) Delayed reporting is discouraged. Report suspected or confirmed cases of the following diseases within 5 working days of onset:

Diagnoses	ICD Codes[1]
Accidental poisoning from foodstuffs and poisonous plants	ICD-9-988.0 to 988.9
Amebiasis[4]	ICD-9-006
Arthropod-borne viral diseases (other than Yellow Fever, Japanese Encephalitis, or Dengue Fever)	ICD-9-062 to 066
Bites, nonvenomous animal (report only bites where rabies prophylaxis is administered or significant attacks)	ICD-9-E906.0

Bite, venomous animal	ICD-9-E905.0
Chancroid[5]	ICD-9-099
Coccidioidomycosis	ICD-9-114
Dengue Fever/Dengue Hemorrhagic Fever	ICD-9-061/065.4
Diphtheria	ICD-9-032
Filariasis, Bancroftian	ICD-9-125.0
Filariasis, Malayan	ICD-9-125.1
Giardiasis [4]	ICD-9-007.1
Granuloma Inguinale[5]	ICD-9-099.2
Guillain-Barre Syndrome	ICD-9-357.0
Hanson's Disease	ICD-9-030
Hepatitis B [2,5]	ICD-9-070.3
Hepatitis C [2,5]	ICD-9-070.5
Hepatitis, viral unspecified	ICD-9-070
Lassa Fever	ICD-9-078.89
Legionellosis	ICD-9-482.8

Diagnoses	ICD Codes[1]
Leishmaniasis, cutaneous	ICD-9-085.9
Leishmaniasis, visceral	ICD-9-085.1 to 085.5
Leptospirosis	ICD-9-100
Lyme Disease	ICD-9-88.81
Lymphogranuloma venereum (LGV)[5]	ICD-9-099.1
Measles[4]	ICD-9-055
Meningitis, (aseptic/viral)	ICD-9-047
Mumps[4]	ICD-9-072
Onchocerciasis	ICD-9-125.3
Ornithosis (Psittacosis)	ICD-9-073
Paratyphoid Fever	ICD-9-002.9
Pertussis	ICD-9-033
Q Fever	ICD-9-083.0
Relapsing Fever	ICD-9-087
Rheumatic Fever, acute	ICD-9-390 to 392
Rocky Mountain Spotted Fever	ICD-9-082
Rubella[4]	ICD-9-056
Salmonellosis (excludes Typhoid and Paratyphoid fever)[4]	ICD-9-003
Shigellosis [4]	ICD-9-004
Syphilis[5]	ICD-9-091.0 to 097
Tetanus	ICD-9-037
Toxic Shock Syndrome	ICD-9-040.89
Trichinosis	ICD-9-124
Trypanosomiasis, African	ICD-9-086.5
Trypanosomiasis, American	ICD-9-086.2
Typhoid Fever[4]	ICD-9-002

Tuberculosis[4]	ICD-9-011.0 to 012
Tularemia	ICD-9-021
Typhus Fever, louse-borne	ICD-9-080 to 081.2

Note:

[1] Report ICD codes for DARs following reference (c).

[2] Report acute, symptomatic cases only.

[3] Malaria confirmation capability at local military or civilian laboratories is determined by demonstrated proficiency in malaria-parasite recognition. In the absence of this assurance, forward smears to the nearest NAVENPVNTMEDU for confirmation following local interpretation.

[4] Report within 48 hours via telephone, FAX, or priority message for cases occurring in health care, food service, or child care workers.

[5] Omit patient name and names of sexual contacts from sexually-transmitted disease reports.

DISEASE ALERT REPORT FORMAT

1. Submit DARs following tab A. There are four categories of DARs:

a. Initial. Provides early notification. Includes a statement that epidemiological assistance is or is not needed.

b. Followup. Contributes additional information following submission of an initial DAR, however, the criteria for a final DAR are not satisfied.

c. Final. Provides information necessary to complete a previously submitted initial or followup DAR. Confirmation of diagnosis, required epidemiological information, preventive measures taken, and a statement that assistance is, or is not needed, are contained in the DAR narrative.

d. Initial and Final. Supplies early notification and all required information in one report. The confirmed diagnosis, epidemiological information, preventive measures taken, and an assessment that assistance is, or is not needed, are contained in the DAR narrative.

2. A followup or final DAR must reference previous message or letter correspondence. Information supplied in previous reports may be omitted from followup or final DARs with the exception of the patient's name and social security number (SSN), unless the diagnosis specifically requires name omission to maintain confidentiality.

3. Examples of DARs are furnished in tabs B through F.

DISEASE ALERT REPORT PREPARATION

1. Report status. List as: (a) initial, (b) followup, (c) final, or (d) initial and final.

2. Required Patient Information

a. SSN for all individually reportable diagnoses. Use the sponsor's SSN for beneficiaries (overseas reports only) preceded by the standard 2-digit family member prefix.

b. Name (omit for all sexually-transmitted disease reports), report as: Last, First, Middle Initial.

c. Grade, rate, service, and status, e.g., HM1/N/AD. Include Navy staff corps designation when applicable. For civilian mariners, include position and grade.

d. Military occupational specialty (MOS) for all U.S. Marine Corp (USMC) personnel.

e. Age.

f. Sex.

g. Race (African American, Caucasian, Asian/Pacific Islander, Other).

h. Hispanic ethnicity (Hispanic, non-Hispanic).

i. Duty station (include hull number for ships).

3. Required Clinical Information

a. Disease names and applicable ICD codes. It is important to specify whether the disease is suspected or confirmed. Final DARs must be filed to complete initial case reports and must contain sufficient clinical, laboratory, and epidemiological information to confirm the reported diagnosis. Case definitions for many reportable diseases are provided in reference (d) which may be obtained from NAVENPVNTMEDUs.

b. Date of disease onset.

c. Major symptoms and clinical signs.

d. Laboratory results pertinent to the diagnosis. Initial DAR submission should not be postponed for additional medical testing. Report delayed results via followup or final DAR.

e. Treatment provided (include medication dosage and duration).

f. Any drug or antibiotic resistance noted.

g. Patient status. Must include treatment facility, admission date (if applicable), and receiving facility if medical evacuation is planned. Report patient prognosis and actual or projected date and type of disposition, e.g., outpatient follow-up, convalescent leave, etc.

4. Epidemiological Data

a. Probable Area of Acquisition. List port, State, or country where acquired. If unable to specify, list travel itinerary for the 8 weeks preceding onset of symptoms.

b. Source of Infection. Use information gathered from the medical record and the patient interview to determine the probable source of infection. If unable to determine the source, list disease risk factors applicable to the patient including pertinent negatives.

c. Personal Protective Measures. Measures used by the patient to prevent infection. Includes chemoprophylaxis, condom use, and vaccination history for cases of vaccine-preventable diseases (e.g., mumps, hepatitis B, etc.).

5. Preventive Measures. List actions taken such as:

a. Medical surveillance of close contacts.

b. Immunoprophylaxis or chemoprophylaxis initiated.

c. Individual patient education, unit training, or personnel and environmental evaluations.

6. Other Information

a. List any medical or epidemiological assistance required.

b. Provide pertinent information not included elsewhere in the DAR.

7. Point of Contact. Include name, address, voice mail, FAX, and secure telephone numbers of point of contact at command submitting the report (placed on the "POC" line of message DARs).

INITIAL DISEASE ALERT REPORT, MESSAGE FORMAT

U N C L A S S I F I E D

ADMINISTRATIVE MESSAGE

PRIORITY

P 130800Z FEB 94 ZYB PSN 318866N31

FM USS NEVERDOCK

TO NAVENPVNTMEDU SEVEN NAPLES IT//040//

INFO NAVENVIRHLTHCEN NORFOLK VA//36//

UNCLAS //N06220//

MSGID/GENADMIN/USS NEVERDOCK//

SUBJ/DISEASE ALERT REPORT, MED 6220-3//

REF/A/DOC/BUMEDINST 6220.12/94####//

POC/L. SMITH/HM2/NEVERDOCK/-/DEPLOYED//

RMKS/
l. INITIAL.
2. PATIENT INFORMATION
    A. 123-54-6789
    B. JONES, RICHARD NMN
    C. SGT/MC/AD
    D. 0311
    E. 22 Y/O
    F. MALE
    G. CAUC
    H. NON-HISPANIC
    I. ONE TWO MEU

3. CLINICAL INFORMATION
    A. MALARIA, PLASMODIUM FALCIPARUM, ICD-9-CM 084.0, PROBABLE
    B. ONSET 12 FEB 94.
    C. ACUTE ONSET OF FEVER TO 103.2, SHAKING CHILLS, HEADACHE, NAUSEA, ABDOMINAL PAIN, MEMBER CONSCIOUS AND LUCID.
    D. LABORATORY RESULTS: MALARIA SMEAR - THICK SMEAR SHOWED GAMETOCYTES, THIN SMEAR SHOWED MULTIPLE RING FORMS; CBC - WBC 8.2, HGB 12, HCT 39; UA - NORMAL; LFT - NORMAL; ELECTROLYTES - NORMAL. WILL SUBMIT SLIDES TO NEPMU-7 FOR CONFIRMATION.

    E. TREATMENT: QUININE SULFATE 650 MG PO TID FOR 7 DAYS; DOXYCYCLINE 100 MG PO BID FOR 7 DAYS; PRIMAQUINE 15 MG PO Q DAY FOR 14 DAYS; TYLENOL PRN, HYDRATION, REST.
    F. POSSIBLE MEFLOQUINE RESISTANCE.
    G. ADMITTED TO WARD. PROGNOSIS GOOD.

4. EPIDEMIOLOGICAL DATA:
    A. PROBABLY ACQUIRED ON STATION, MOMBASA, KENYA. MEMBER

WAS THERE 3 WEEKS AGO FOR 5 DAYS AWAITING TRANSPORT TO SHIP.

B. BILLETED IN HIGH-RISK AREA: BEACH FRONT HOTEL.

C. TOOK MEFLOQUINE 250 MG PO Q WEEK 14 DAYS BEFORE ARRIVING IN MOMBASA UNTIL ADMISSION. DID NOT RECEIVE PRIMAQUINE. USED DEET CONTINUALLY, SLEPT IN AIR-CONDITIONED ROOM. REMEMBERS A FEW INSECT BITES. NO OTHER TRAVEL IN AREA.

5. PREVENTIVE MEASURES. INTERVIEWED SIX TRAVELING COMPANIONS FOR SIGNS OR SYMPTOMS OF MALARIA. ALL TAKING MEFLOQUINE. EMPHASIZED COMPLETING MALARIA CHEMOPROPHYLAXIS AND TO REPORT TO MEDICAL FOR ANY ILLNESSES.

6. REQUEST MAILING PROCEDURES ASSISTANCE FOR MALARIA SMEARS.//
BT

INITIAL DISEASE ALERT REPORT, LETTER FORMAT

6220
Ser/

Date

From: Commander, Naval Medical Center, Inconus
To: Officer In Charge, Navy Environmental and Preventive Medicine Unit No. Five, San Diego, CA 92136-5199

Subj: DISEASE ALERT REPORT (MED 6220-3)

Ref: (a) BUMEDINST 6220.12

1. Initial disease alert report is submitted per reference (a).

2. Patient Information

a. 111-22-3333

b. Gunn, Saludo D.

c. GM1/N/AD

d. NA

e. 28 y/o

f. Male

g. Caucasian

h. Hispanic

i. USS NEVERSAIL (DDG 007)

3. Clinical Information

a. Tuberculosis, pulmonary, ICD-9-011.0, suspected.

b. Date of onset: 31 January 1994.

c. Symptoms: Productive cough, night sweats, weight loss of 15 lbs. over past 6 weeks, hemoptysis x 2 weeks.

d. Laboratory results: 28 January 1994 - PPD 20mm induration; 1 February 1994 CXR-Right lower lobe infiltrate; 2, 3, and 6 February 1994 - AFB sputum stains negative for AFB. Sputum cultures and HIV results pending.

e. Treatment: 1 February 1994: INH 300mg, rifampin 600mg, ethambutol 1200mg, and pyrazinamide 1500mg p.o., q.d..

f. Patient was initially seen at Branch Medical Clinic, Naval Station, CONUS, CA on 1 February 1994. Patient was transferred and admitted on the same date to Naval Medical Center, in CONUS. Patient discharged on 24 February 1994 and placed on 14 days convalescence leave. Prognosis good.

4. Epidemiological Data

a. Probable area of acquisition unknown. Recent travel itinerary: 5 September through 5 October 1993 - Philippines; 6 November 1993 - Tijuana, Mexico; 10 December through 28 December 1993 - Yuma, Arizona.

b. Patient stated that while on leave in Yuma, Arizona he visited a friend in a local hospital who was diagnosed with bronchitis. Last PPD 10 November 1993 - zero mm induration.

5. Preventive Measures

a. Close contacts identified. PPD skin testing initiated on all contacts. Family members medically screened. No infections detected. Six-year old son placed on isoniazid (INH). Son to be retested in 3 months.

b. Patient educated and counseled on risk factors, route of transmission, and the prevention of tuberculosis.

6. Other information

a. No medical or epidemiological assistance required.

b. San Diego Public Health Department notified. Final DAR will be submitted when culture and sensitivity tests are complete.

7. Point of contact for this command is HMC U. S. Latecomers, Preventive Medicine Department, at DSN 555-7777.

I. R. BIGGUY
By direction

Tab C to

FINAL DISEASE ALERT REPORT, MESSAGE FORMAT

U N C L A S S I F I E D

ADMINISTRATIVE MESSAGE

ROUTINE

R 071440Z FEB 94 ZYB PSN 6973827N31

FM USS ALWAYS READY

TO NAVENPVNTMEDU TWO NORFOLK VA//JJJ//

INFO NAVHOSP JACKSONVILLE FL//PREV MED//

UNCLAS //NO6220//

MSGID/GENADMIN/USS ALWAYS READY//

SUBJ/DISEASE ALERT REPORT, MED 6220-3//

REF/A/DOC/BUMEDINST 6220.12/94####//

POC/GOOD DOC/HMC/ALWAYS READY/-/DEPLOYED//

REMARKS/1. INITIAL.

2. PATIENT INFORMATION
   A. 999-55-5555
   B. SN/N/AD
   C. N/A
   D. 24 Y/O
   E. FEMALE
   F. CAUCASIAN
   G. NON-HISPANIC
   H. ALWAYS READY (LHA-14)

3. CLINICAL INFORMATION
   A. SYPHILIS, ICD-9-096, SUSPECTED
   B. ONSET UNKNOWN, EXAMINED 7 FEB 94.
   C. PT EVALUATED AS A CONTACT OF A CONFIRMED SYPHILIS CASE, NO PRIMARY LESION OR SECONDARY RASH NOTED. RPR 8 AUG 92 - NON REACTIVE.
   D. RPR - REACTIVE.
   E. DOUBT PRIMARY STAGE. PRESUMPTIVE TREATMENT FOR LATENT SYPHILIS INITIATED; BENZATHINE PENICILLIN G, 2.4 MILLION UNITS, DEEP IM NOW. COMPLETE WORKUP AND FIRST DOSE HEPATITIS B VACCINE REFERRAL THROUGH SICKCALL UPON RETURN TO PORT IN 72 HOURS.

F. NA.
G. OUTPATIENT. PROGNOSIS GOOD.

4. EPIDEMIOLOGICAL DATA
A. JACKSONVILLE FL.
B. TWO INCIDENTS OF UNPROTECTED SEXUAL CONTACT WITHIN PAST 12 WEEKS, ONE CIVILIAN, ONE MILITARY. NO OTHER CONTACTS FOR PRECEDING 9 MONTHS.

5. PREVENTIVE MEASURES. EDUCATED ON NATURE OF THE DISEASE. ADVISED TO ABSTAIN FROM SEXUAL CONTACT PENDING FOLLOWUP AND FINAL DISPOSITION. PT COUNSELED REGARDING CONDOM USE AND TO AVOID SEXUAL BEHAVIOR THAT INCREASES THE RISK OF ACQUIRING STDs/AIDS. DIRECTED TO REPORT TO NAVHOSP SICKCALL WITH MEDICAL RECORD UPON RETURN TO PORT.

6. OTHER INFORMATION. WILL FORWARD PT CONTACT INFO TO DUVAL COUNTY HEALTH DEPARTMENT AND NAVHOSP PREVMED UPON RETURN TO PORT. NO ASSISTANCE REQUIRED.
BT

FINAL DISEASE ALERT REPORT, LETTER FORMAT

6220
Ser/
Date

From: Commanding Officer, Naval Hospital, Jacksonville, FL
To: Navy Environmental and Preventive Medicine Unit No. 2, 1667 Powhatan Street, Naval Station, Norfolk, VA 23513

Subj: DISEASE ALERT REPORT (MED 6220-3)

Ref: (a) BUMEDINST 6220.12
(b) USS ALWAYS READY R 071440Z Feb 94

1. Per reference (a), this is the final submission for case described in reference (b):

2. Patient Information

a. 999-55-5555

b. Omitted

3. Clinical Information not covered in reference (c) of the basic instruction

a. Early Latent Syphilis, ICD-9-092.0, CONFIRMED.

b. LAB 11 February 1994: Serum VDRL-1:16; FTA/ABS-reactive; HIV-negative; CSF-WNL; Screening battery for other STDs-negative.

c. Initiated hepatitis B vaccine series; 1.0 ml IM.

d. Followed as outpatient. Prognosis good.

4. Epidemiological Data

a. Concur with reference (c) of the basic instruction.

b. Confirmed civilian contact being traced by Duval County

Health Department. Military contact located. Scheduled for evaluation at STD clinic with subsequent education and contact tracing as needed on 14 February, 1330.

5. See reference (c) of the basic instruction. Patient to return for additional hepatitis B vaccine doses and VDRLs on (or near) 15 March and 15 July 1994.

6. None.

7. Point of contact at this command is HM1 Dawanna C. Nother, PMT, LPO Preventive Medicine Department, Naval Hospital, Jacksonville, FL at commercial (904) 555-5555, DSN 876-5555, or FAX (904) 555-1111.

IDA CARALOT
By direction

Copy to:
Duval County Health Department
USS ALWAYS READY (LHA-14)

INITIAL AND FINAL DISEASE ALERT REPORT, LETTER FORMAT

6220
Ser/
Date

From: Commanding Officer, Naval Hospital, Outinpacific, FPO AP 12345-6789
To: Officer in Charge, Navy Environmental and Preventive Medicine Unit No. Six, Pearl Harbor, HI 96860-5040

Subj: DISEASE ALERT REPORT (MED 6220-3)

Ref: (a) BUMEDINST 6220.12

1. Per reference (a), the initial and final disease report is submitted.

2. Patient information

a. 234-56-7890.

b. Omitted.

c. RM1/N/AD.

d. N/A.

e. 28 y/o.

f. Male.

g. African American.

h. Non-hispanic.

i. USS ALWAYS GONE (DD 321).

3. Clinical Information

a. Hepatitis B, ICD-9-070.3, confirmed.

b. 21 May 1994.

c. Jaundice, fatigue, nausea, dark urine.

d. Laboratory results 22 May 1994

Ast	1772
Alt	2580
Alk Phos	159
T. Bili	5.5
RPR	Non-Reactive
HCV	Negative
HBsAG	Reactive
HAV IgM	Negative
HBcIGM	Positive

e. Treatment: Supportive.

f. Drug or antibiotic resistance not applicable.

g. Followed outpatient and internal medicine clinic. SIQ 72 hrs., returning 25 May 1994. Prognosis good.

4. Epidemiological Data

a. Probably acquired Pattaya Beach, Thailand. On leave Pattaya Beach, 21 March-1 April 1994. On 2 April-5 May 1994, Underway. On 6 May-20 May 1994, TAD local LPO NavLead School.

b. Patient reports unprotected sexual contact with several commercial sex workers while in Thailand. No subsequent sexual contacts before symptom onset. No other risk factors apply.

5. Preventive Measures

a. Spouse test results of 22 May 1994 - negative. No other close contacts identified.

b. Spouse has appointment with preventive medicine for hepatitis B immune globulin (HBIG) and HBV 25 May 1994. Preventive medicine will followup for compliance.

c. Patient educated on transmission, was instructed to use a condom until further notice. Spouse to be educated on the prevention, incubation, and personal protective measures at 25 May 1994 appointment.

6. Other information

a. No assistance required.

b. HIV drawn.

c. Attending physician is LCDR I. M. Concerned, Internal Medicine Clinic, NH Outinpacfic.

d. Investigated by HM1 Willy B. Statistic. For questions, refer to case #00812.

7. Point of contact is LT N. E. Jurhelp, MSC, USNR, Consolidated Occupational Health, Preventive Medicine Unit (Code 333), NH Outinpacific at DSN 876-5432 or DSN FAX 876-0005.

N. E. JURHELP
By direction

GROUP DAR, WITHOUT INDIVIDUAL IDENTIFIERS

U N C L A S S I F I E D

ADMINISTRATIVE MESSAGE

PRIORITY

P 021600Z JUN 94

FM USS ALWAYS B GONE

TO NAVENPVNTMEDU TWO NORFOLK VA//JJJ//

INFO COMNAVAIRLANT NORFOLK VA//70//
VAQ-6 NORFOLK VA//045//
NAVENVIRHLTHCEN NORFOLK VA//36//

UNCLAS //NO6220//

MSGID/GENADMIN/ALWAYS BGONE/MED//

SUBJ/DISEASE ALERT REPORT MED 6220-3//

REF/A/DOC/NAVMED P-5010, CHAP 1//

POC/CDR JONES/SMO/ALWAYS B GONE/DEPLOYED//

RMKS/1. INITIAL

2. PATIENT INFORMATION: 31 PTS: 26 MALE/5 FEMALE. AGE RANGE 19-36 YEARS OLD. 21 CAUC, 2 PACIFIC ISLANDER, 8 AFRICAN AMERICANS. 3 CAUC OF HISPANIC HERITAGE. ALL ACTIVE DUTY USN E-1 THRU E-7. CURRENT DUTY STATION VAQ-6 DET USS ALWAYS B GONE (CVN 80).

3. CLINICAL INFORMATION: FOOD POISONING, UNSPECIFIED ICD-9-005.9 SUSPECTED. DATE/TIME OF ONSET FROM 2315, 01 JUN 94 - 0900, 02 JUN 94. AVERAGE INCUBATION 15 HOURS. ALL HAD SYMPTOMS CHARACTERIZED BY: ABDOMINAL CRAMPS, DIARRHEA, NAUSEA, VOMITING, AND DIZZINESS. STOOL AND VOMITUS SPECIMENS OBTAINED ON 22 OF 31. RESULTS PENDING. ALL TREATED SYMPTOMATICALLY. 6 SIQ ON WARD, 12 SIQ IN RACKS, 13 RETURNED TO DUTY. GOOD PROGNOSIS FOR ALL. PTS SIQ IN RACKS TO F/U SICKCALL 03 JUN 94.

4. EPIDEMIOLOGICAL DATA: PROBABLE AREA OF ACQUISITION NORTH TIDEWATER PARK, NORFOLK VA. PROBABLE SOURCE(S) OF INFECTION FOOD BORNE THROUGH FOOD/DRINK EATEN AT A UNIT PICNIC HELD ON 01 JUN 94

FROM 0930 - 1645 LOCAL TIME. FOOD/BEVERAGE HISTORIES HAVE BEEN OBTAINED ON 19 OF 31 PTS USING THE FORM FOUND IN REF A. PRELIMINARY REVIEW IMPLICATES CHICKEN SALAD AND SLICED HAM AS PROBABLE SOURCES OF INFECTION AS 100 PERCENT OF PTS INTERVIEWED HAD EATEN ONE OR BOTH OF THESE FOOD ITEMS. FOOD WAS PURCHASED ON THE LOCAL ECONOMY AND PREPARED AT THE PICNIC SITE BY VARIOUS MEMBERS OF THE COMMAND USING QUESTIONABLE FOOD HANDLING, PREPARATION, AND STORAGE PRACTICES. PTS INDICATED THAT FOOD WAS UNREFRIGERATED AND UNCOVERED FOR HOURS WHILE THEY PLAYED SOFTBALL. AFTER THE GAME THE PTS RESUMED EATING.

5. PREVENTIVE MEASURES: PUBLIC HEALTH EDUCATION FOR THE CREW CONCERNING PICNIC FOOD SAFETY. HOT FOODS HOT AND COLD FOODS COLD. CREW ENCOURAGED TO REQUEST FOOD SERVICE SUPPORT FOR COMMAND FUNCTIONS THROUGH THE MWR OFFICER. S-2 DIV WILL ENSURE PICNIC FOODS AND BOX LUNCHES ARE PROPERLY PREPARED, HANDLED, AND DELIVERED AS REQUESTED.

6. OTHER INFORMATION: NO CIVILIAN PUBLIC HEALTH AUTHORITIES HAVE BEEN NOTIFIED. REQUEST ASSISTANCE IN NOTIFYING NORFOLK HEALTH DEPARTMENT. FOLLOWUP DAR(S) WILL BE FORWARDED, PENDING LAB RESULTS.
BT

MILITARY PREVENTIVE MEDICINE ADDRESSEES

1. Preventive Medicine Action Addressees

a. Officer in Charge
Navy Environmental and Preventive Medicine Unit No. 2
1887 Powhatan Street
Naval Station
Norfolk, VA 23511-3394
Comm: (804) 444-7671; DSN 564-7671; FAX (804) 444-1191
Secure Telephone (STU-III): (804) 444-0247 DSN 564-0247
PLAD: NAVENPVNTMEDU TWO NORFOLK VA

b. Officer in Charge

Navy Environmental and Preventive Medicine Unit No. 5
Box 368143, 3035 Albacore Alley
Naval Station
San Diego, CA 92136-5199
Comm: (619) 556-7070; DSN 526-7070; FAX (619) 556-7071
PLAD: NAVENPVNTMEDU FIVE SAN DIEGO CA HI

c. Officer in Charge
Navy Environmental and Preventive Medicine Unit No. 6
Box 112, Bldg 1535
Naval Station
Pearl Harbor, HI 96860-5040
Comm: (808) 471-9505; DSN 471-9505; FAX (808) 474-9361
PLAD: NAVENPVNTMEDU SIX PEARL HARBOR HI

d. Officer in Charge
U.S. Navy Environmental and Preventive Medicine Unit No.7
PSC 810, Box 41
FPO AE 09619-4299
Comm: (from within U.S.): 011-39-81-724-4469/-4470
Comm: (from within Italy): 081-724-4468/-4469
Comm: (from within other countries): Access overseas operator, request line for Naples, IT: 724-4469/4470 DSN (worldwide): 18- Ask operator for Naples 625-1110; ask local operator for extension 4469/4470. (After-hours message extension 4468)
FAX (from within U.S.): 011-39-81-762-4174
Secure Telephone (STU-III): DSN 625-3783
PLAD: NAVENPVNTMEDU SEVEN NAPLES

2. Preventive Medicine Information Addressees

a. U.S. Army:

Disease Control Physician
Center for Health Promotion and Preventive Medicine
Aberdeen Proving Ground, MD 21010-5422
Comm (410) 671-2714/4312; DSN 584-4312/3534
FAX (410) 671-4117/2084; DSN 584-4117/2084
PLAD: U S ARMY CENTER FOR HEALTH PROMOTION AND

PREVENTION

b. U.S. Air Force:

Director
AL/AOE
2601 W. Road Suite 2
Brooks AFB, TX 78235-5241
Comm: (210) 536-3471; DSN 240-3471; FAX (210) 536-2638
PLAD: AL BROOKS AFB TX//AOES//

c. U.S. Coast Guard:

Commandant
(G-KOM-1)
USCG HQ
2100 2nd St SW
Washington, DC 20593
Comm: (202) 267-0692; FAX (202) 267-4338
PLAD: COMDT COGARD WASH DC//GKOM//

d. Commanding Officer
Navy Environmental Health Center (Code 36)
2510 Walmer Avenue, Suite A
Norfolk, VA 23513-2617
Comm: (804) 444-7575; DSN 564-7575; FAX (804) 444-3672
Secure Telephone (STU-III): (804) 445-6199; DSN 565-6199
PLAD: NAVENVIRHLTHCEN NORFOLK VA